

Chapter 4 Revisions

Hardcopy Page Number	Change
3	In the first sentence, the word “designated” was changed to “designed.” Also, the second “comprehensive” was deleted from the sentence.
3	The last two paragraphs on this page were combined to say, “The Medicare benefit categories for outpatient psychiatric services are partial hospitalization services or outpatient hospital psychiatric services. Medicare does not have a separate benefit category for substance abuse programs, intensive outpatient programs, and continuing day treatment programs. Because there is no separate benefit category for these programs, they must meet the Medicare requirements established for outpatient hospital psychiatric services or partial hospitalization programs in order to be covered.”
4	The second sentence of the first paragraph was moved to the end of that paragraph. That sentence was then changed to read, “Because partial hospitalization is the outpatient substitute for inpatient psychiatric care, the recertification time frames currently used for inpatient psychiatric care have been adopted in OPPS.”
4	Under, “Initial Certification,” the current certification requirements were added.
4	The first bullet was changed to read, “The first recertification is required as of the 18th <u>calendar day following admission to the program.</u> ”
6	The codes for patient education and training and activity therapy were added.
7	Under the subheading, “Exclusions,” the last sentence was changed to read, “The SNF must reimburse the hospital or the CMHC for partial hospitalization services furnished to a resident when the SNF is receiving Medicare SNF PPS payment for the resident’s inpatient stay.”
9	Under the last bullet, third indentation, modifier 24 was removed.
10	The following sentence was added to the end of the first paragraph, “The HCPCS code billed by the hospital does not have to directly correlate to the physician-billed HCPCS code.”
11	Under, “Partial Hospitalization,” the following sentence was added as the second sentence in the first paragraph. “Program Memorandum A-96-8 (reissue of PM A-95-8) regarding partial hospitalization requirements continues to be in effect.”
11	Under “Partial Hospitalization,” the following was added to the end of the second paragraph. “, whether the patient is eligible for the partial hospitalization benefit, and whether the program the patient is receiving qualifies as a partial hospitalization program.”

12	The last sentence in the bullet third from the bottom of the page was changed to, "If a primary procedure is determined to be non-covered and is denied by medical review, then the APC package including the associated ancillary or component services will also be denied."
12	The last sentence in the last bullet was changed to, "If a primary procedure is determined to be non-covered and is denied by medical review, then the APC package including the associated ancillary or component services will also be denied."